

Advancing Care Information  
2017 Transition Measures  
Data Validation Criteria

2017 Advancing Care Information (ACI) Measure ID	Measurement and improvement at the practice and panel level	Description	2017 ACI Transition Measures - Required/Not Required for Base Score	Reporting Requirement (For one patient record the numerator and denominator are 1)	Validation (during reporting period)	Suggested Documentation Documentation needs to be from certified electronic health record technology (CEHRT) and be inclusive of 1) dates during the selected continuous 90-day or year long performance reporting period, 2) clinician identification, e.g., National Provider Identifier (NPI) 3) document at minimum one patient
ACI_TRANS_PPHI_1	Security Risk Analysis	Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	Required	Yes/No	Security risk analysis of the CEHRT was performed or reviewed in accordance with the requirements. Clinicians must report a yes for this measure in order to achieve the minimum requirements for the ACI category.	1) Security risk analysis that documents the potential risks and vulnerabilities to the confidentiality, integrity, and availability of ePHI of the eligible clinician, addresses encryption/security of data stored in the CEHRT, and identifies it was performed for the clinician's system. (HHS guidance on conducting a security risk analysis is available at <a href="https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-risk-analysis">https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-risk-analysis</a> ); and 2) Documentation of implementing security updates and correcting identified security deficiencies
ACI_TRANS_EP_1	E-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.	Required	Numerator/Denominator	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically via CEHRT	Dated report or screenshot of the number of times electronic prescribing was performed in accordance with CMS standards for electronic prescribing (45 CFR 423.160(b)) during the performance period
ACI_TRANS_LVPP_1	Proposed E-prescribing Exclusion		Required		The 2018 NPRM proposed an exclusion for the e-prescribing measure for any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. In order to submit an exclusion for this measure, clinicians must select an exclusion for this measure. Any submission of a numerator or denominator for the e-prescribing measure will void out the exclusion.	Dated report from CEHRT that shows the number of times that the clinician electronically prescribes.
ACI_TRANS_PEA_1	Provide Patient Access	For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the CEHRT.	Required	Numerator/Denominator	At least one patient seen by the MIPS eligible clinician is provided with timely access to view online, download, and transmit to a third party their health information.	Dated report, screenshot, or other information that documents the number of times a patient or patient authorized representative is able to view, download, or transmit their health information. This could include instructions provided to the patient on how to access their health information including the website address they must visit.

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ACI_TRANS_HIE_1	Health Information Exchange	The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses certified EHR technology to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.	Required	Numerator/ Denominator	MIPS eligible clinician that transitions or refers their patient to another setting of care (1) uses CEHRT to create a summary of care record and (2) electronically transmits such summary.	Dated report or screenshot that documents the number of times that CEHRT was used to create a summary of care record for a patient that is being transitioned or referred to another setting of care and the summary of care record is electronically transmitted to a receiving provider of care or referral
ACI_TRANS_LVTOC_1	Proposed Health Information Exchange Exclusion		Required only if submitting an exclusion for the Health Information Exchange Measure	Yes	The 2018 NPRM proposed an exclusion for the Health Information Exchange Measure for MIPS eligible clinicians who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	Dated report from the CEHRT that shows the number of times the clinician transfers a patient to another setting or refers a patient during the performance period.
ACI_TRANS_PEA_2	Patient-Specific Education	The MIPS eligible clinician must use clinically relevant information from certified EHR technology to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician.	Not Required	Numerator/ Denominator	Use of clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those material for at least one patient.	Dated report or screenshot that shows that appropriate patient-specific educational resources were electronically identified and provided to the clinician's patient
ACI_TRANS_CCTPE_1	View, Download, Transmit (VDT)	During the performance period, at least one unique patient (or patient-authorized representatives) seen by the MIPS eligible clinician actively engages with the EHR made accessible by the MIPS eligible clinician. An MIPS eligible clinician may meet the measure by either- (1) view, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the MIPS eligible clinician's certified EHR.	Not Required	Numerator/ Denominator	Use of the clinician's patient certified EHR technology by a patient or patient-authorized representative to view, download, or transmit to a third party their health information	Dated report or screenshot that shows a patient or patient-authorized representative viewed, downloaded, or transmitted to a third party their health information.
ACI_TRANS_CCTPE_2	Secure Messaging	For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of certified EHR technology to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).	Not Required	Numerator/ Denominator	Use of secure electronic messaging to communicate with patients on relevant health information	Dated report or screenshot that documents the number of times that a secure message was sent, or sent in response to a secure message sent by the patient or patient-authorized representative, using the electronic messaging function of the CEHRT.

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ACI_TRANS_MR_1	Medication Reconciliation	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the clinician performs patient medication reconciliation including the name, dosage, frequency, and route of each medication	Not Required	Numerator/Denominator	Performs medication review and reconciliation for at least one transition of care, referral received, or patient encounter in which the clinician has not before encountered the patient	Dated report or screenshot that documents the number of times that medication reconciliation is performed for a transition of care.
ACI_TRANS_PHCDRR_1	Immunization Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	Not Required	Yes/No Statement	Active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the registry/immunization information system	<ul style="list-style-type: none"> <li>• Dated screenshots from the that document successful submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR</li> <li>• A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.)</li> <li>OR</li> <li>• Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.</li> </ul>
ACI_TRANS_PHCDRR_2	Syndromic Surveillance Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined.	Not Required	Yes/No Statement	Active engagement with a public health agency or one or more clinical data registries to submit syndromic surveillance data.	<ul style="list-style-type: none"> <li>• Dated screenshots from CEHRT that document successful submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR</li> <li>• A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.)</li> <li>OR</li> <li>• Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.</li> </ul>
ACI_TRANS_PHCDRR_3	Specialized Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to specialized registry.	Not Required	Yes/No Statement	Active engagement to submit data to one or more specialized registries	<ul style="list-style-type: none"> <li>• Dated screenshots from CEHRT that documents successful submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR</li> <li>• A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that provider (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.)</li> <li>OR</li> <li>• Letter or email from registry or public health agency confirming receipt of submitted data, including the date of the submission and name of sending and receiving parties.</li> </ul>